

2020–21 **PRE-BUDGET SUBMISSION** AUSTRALIAN CAPITAL TERRITORY





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About PSA

PSA is the only Australian Government-recognised peak national professional pharmacy organisation representing all of Australia's 31,000 pharmacists working in all sectors and across all locations.

PSA is committed to supporting pharmacists in helping Australians to access quality, safe, equitable, efficient and effective healthcare. PSA believes the expertise of pharmacists can be better utilised to address the healthcare needs of all Australians.

PSA works to identify, unlock and advance opportunities for pharmacists to realise their full potential, to be appropriately recognised and fairly remunerated.

PSA has a strong and engaged membership base that provides high-quality healthcare and are the custodians for safe and effective medicine use for the Australian community.

PSA leads and supports innovative and evidence-based healthcare service delivery by pharmacists.

PSA provides high-quality practitioner development and practice support to pharmacists and is the custodian of the professional practice standards and guidelines to ensure quality and integrity in the practice of pharmacy.



Pharmacists in the ACT

In the ACT there are 625 registered pharmacists working in community pharmacy, hospital, general practice, aged care, territory and federal government and within other private sector organisations.

The ACT has 84 registered pharmacies which are widely dispersed amongst the community including its major hospitals. These are operated under the leadership of a team of pharmacists, interns, pharmacy assistants and other staff.

The local branch of the Pharmaceutical Society of Australia supports and represents 362 members located within the ACT and who work across a range of sectors including community, hospital, academia/university, government, research and private enterprise.



Executive Summary

Medicines are the most common intervention in health care¹. Concerningly, problems with the use of medicines are also alarmingly common. In Australia, 250,000 hospital admissions a year are a result of medicine-related problems. The annual cost of these admissions is \$1.4 billion. 50% of this harm is preventable.² This burden of harm is felt in the ACT just like it is throughout Australia.

This pre-budget submission identifies four key areas for consideration as part of the 2020/2021 Financial Year ACT Government Budget. Our recommendations capitalise on the unique

skills of an existing workforce, ACT pharmacists, who in partnership with the ACT Government can improve the public healthcare system and provide better health outcomes for ACT patients. Specifically, the recommendations in this submission provide innovative solutions to address our current health system challenges, including reducing the burden on ACT's 'at capacity' emergency departments.

The Pharmaceutical Society of Australia (PSA) recommends provision is made in the budget in the following four areas of action:

1

Expand access to after-hours healthcare via better utilisation of existing primary care infrastructure to reduce the burden on the Territory's two emergency departments.

Increasing public awareness of the current after-hours community pharmacy service would reduce the number of patients who attend an emergency department or Walk-in Centre with minor ailments. Combined with embedding processes of pharmacist triage and referral, this would help to reduce the number of presentations to hospitals. Such a program would demonstrate support for healthcare services already established in our suburban and town centres. The cost of this pilot over a 2-year period is estimated at \$2 million.

2

Provide funding to enable Winnunga Nimmityjah Aboriginal Health and Community Services to expand current services and provide a full-time pharmacist to meet growing demand for appropriate primary healthcare.

Due to the chronic burden of disease the placement of a full-time pharmacist will provide needed support for a vulnerable segment of our community. The investment required to ensure adequate support is afforded to Indigenous Canberrans over a two year period is estimated at \$300,000.

3

Align the ACT with all other states and territories to provide Pharmaceutical Benefits Scheme (PBS) medicines under Public Hospital Pharmaceutical Reform.

The harm caused through inadequate transitions of care upon discharge from hospital cannot be ignored. A report commissioned by PSA, *Medicine Safety: Take Care*² released in 2019 provides some startling statistics which clearly show that the time for investment in supporting safer medicine use for our community is now. This action does not specifically require a budget allocation, but through changes in policy has the potential to improve patient outcomes, specifically across transitions of care, and allow generation of additional revenue for ACT hospitals.

4

Remove barriers limiting the ACT community from accessing vaccination services by aligning regulation of funding and regulation of all authorised immunisers, including pharmacists

The ACT has not kept pace with the rate of regulatory evolution seen around the rest of the country as the benefits and safety of pharmacist-administered vaccination has become apparent. It is time to align the funding and regulation of pharmacist-administered vaccination with that of all other authorised immunisers.

The existing training of pharmacist-immunisers in the ACT and the participation by nearly half of Canberra's community pharmacies in the National Immunisation Program (NIP) trial means there is capacity for rapid implementation of this recommendation. While the cost of implementing this recommendation is minimal, the cost reduction to the ACT budget through a reduction in the number of non-acute presentations to the emergency departments and Walk-in Centres could be substantial.



Recommendation One

Enhance community access to after-hours healthcare through the pilot of a formal community pharmacy triage and referral service

ACT's Walk-in Centres and emergency department presentations are often at maximum capacity, particularly after hours^{3,4}. This includes a large number of presentations for less-serious ailments, such as pain management and cold and flu symptoms. Some of these conditions could be appropriately managed in primary care such as a general practice or pharmacy.

There are many pharmacies which offer patient access beyond 5pm, with some staying open as late as 11pm. However, ACT consumers perceive that access to appropriate after hours primary care not requiring hospital intervention can be difficult to obtain³. We believe community awareness of the few pharmacies trading for longer hours is low, and thus their service is under-utilised.

The ACT's network of community pharmacies that trade outside of traditional retail hours are ideally positioned to support the management of many less-serious conditions and take the pressure off emergency departments.

A 2019 study of ACT after-hours health services³ identified access (operating hours, proximity to home and waiting times) as the most important characteristics of after-hours service. The network of after-hours pharmacy services offer an alternative access point for minor ailments and conditions and support the after-hours health needs of the Canberra community.

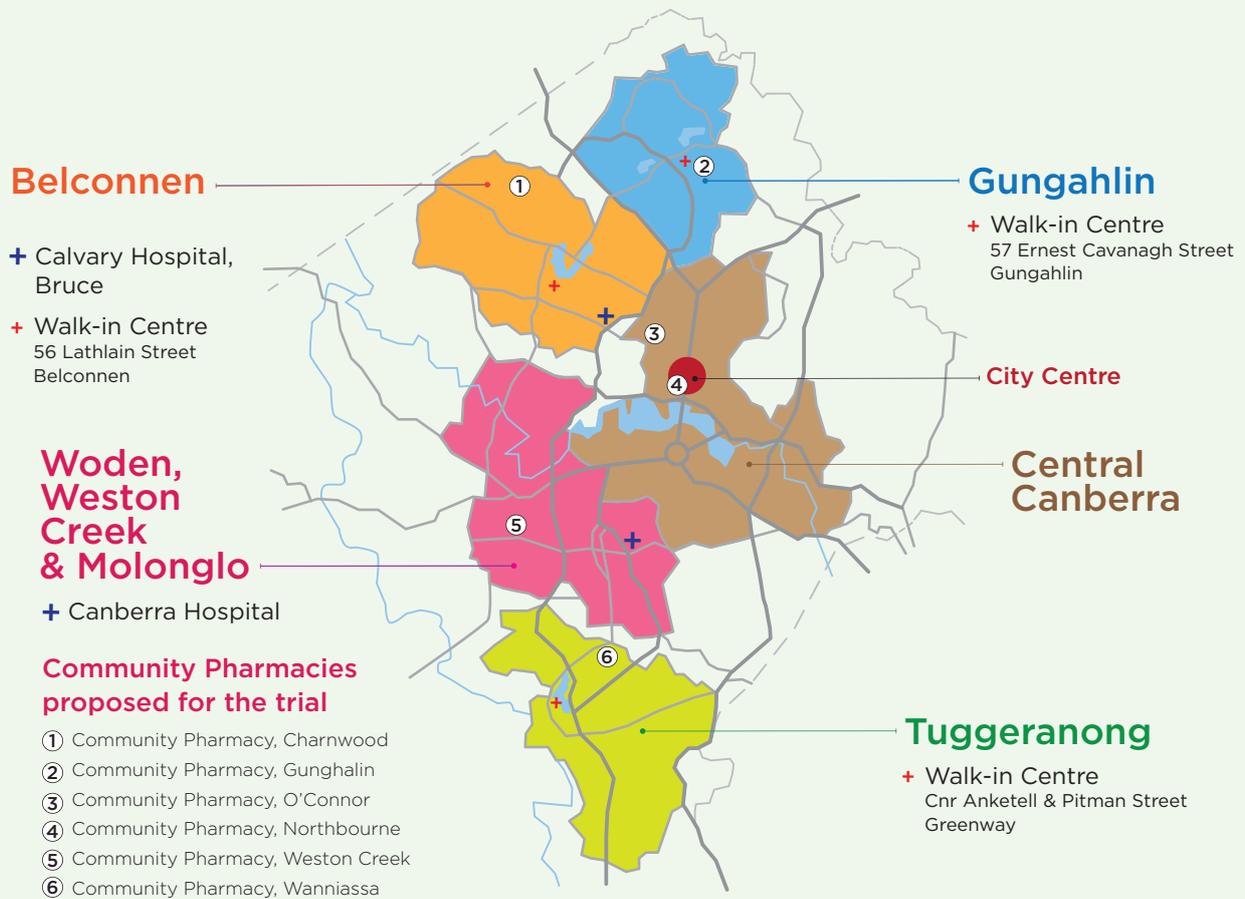
PSA proposes that the ACT Government leverage the existing infrastructure through a pilot program where pharmacists spread geographically across the Territory, are incentivised to offer enhanced after-hours service, including implementation of a formal triage service. This process is intended to integrate with ACT Health emergency departments and Walk-in Centres, via standard documentation.

The pilot would involve pharmacists triaging patients presenting to the pharmacy after hours and allocating treatment through the most appropriate pathways. This would include either self-management in the community, referral to a general practitioner or emergency department. The pharmacist would refer the patient with appropriate documentation for use by the clinician or hospital.

This model has been tested in community pharmacies as part of recently released research from the University of Technology, Sydney⁵. The model consisted of:

- Standardised triage consultation, in a collaborative partnership with GPs
- Integrated IT platforms, including HealthPathways referral pathways and HealthLink secure messaging, or other systems to facilitate high-quality referral
- Initial and ongoing workforce development around provision of a structured triage service
- Change management facilitation with pharmacists

Expanding after-hours access



The research found:

- Consumers were one and a half times more likely to receive an appropriate referral by their pharmacist, and were five times more likely to adhere to that referral advice and seek medical practitioner care within an appropriate timeframe (20% of all consumers referred) compared to regular pharmacist care in the control arm.
- Pharmacists provided self-care advice in almost all consultations (98%), compared to 62% of consumers who received usual care.

The benefits to the health system of this minor-illness service were concluded to be:

- Highly cost-effective compared with usual pharmacist care.
- Extrapolated nationally, 2.9% to 11.5% of emergency department services and 7.0% to 21.2% of GP services can be safely transferred to a structured service in community pharmacy.

- These services (9 million to 27.5 million emergency department and GP services nationally) currently represent a cost to the Australian health system between \$511 million and \$1.67 billion per annum.
- The transfer of these services to pharmacy would save the Australian Government between \$380 million and \$1.3 billion per annum, based on remuneration of \$14.50 per pharmacist consultation as determined by the average duration of the service.

Publicly available data suggests the average emergency department presentation in the ACT costs between \$541 (non-admitted) and \$1052 (admitted) (2016/17 FY). This costs the ACT Government \$101.4 million a year.⁶ In conservatively extrapolating, a fully implemented triage and referral service by pharmacists could reduce non-admission emergency department presentations by 5%, savings to the ACT budget would exceed \$1.5 million annually.

A key success identified in the UTS research was training in the structured service and local referral pathways and protocols. While pharmacists are well versed in responding to health conditions which present in the pharmacy, the ACT project would need to train pharmacists in triage presentation codes and documenting in a way consistent with ACT Health protocols.

An ACT triage and referral service would replicate the interventions of the UTS trial, which would include:

- standard operating processes and forms
- implementation of the pilot program
- appropriate reporting and documentation of the process
- patient communication materials
- additional training for pharmacists who may be involved in providing the triage service
- an evaluation process for the pilot program.



Proposed timeline:

2 years



Budget

\$2,000,000

PSA seeks the commitment of the ACT Government to provide funding of \$2 million to support a 2-year pilot of formal triage and referral services in six geographically-dispersed after-hours pharmacies in the ACT.

BENEFITS

- Access to appropriate healthcare for conditions which can be managed safely and effectively by pharmacists
- Reduced costs for the ACT Government through decreased presentations to Canberra Hospital and Calvary Hospital emergency departments after-hours
- Increased awareness of the availability of a wide range of after-hours healthcare for members of the Canberra community
- More timely resolution for patients with minor ailments, including patients discharged from a Walk-in Centres with a prescription they need to fill.
- Quicker triaging to relevant healthcare treatments when indicated.

Recommendation Two

Funding for a part-time pharmacist within the Winnunga Nimmityjah Aboriginal Health and Community Services to improve the health outcomes of the ACT's Indigenous population.

A December 2017 report from the Australian Institute of Health and Welfare (AIHW) shows that while the mortality gap between Indigenous and non-Indigenous Australians is slowly decreasing, the Council of Australian Governments' target to close the gap in life expectancy for Aboriginal and Torres Strait Islander Australians by 2031 is *not* on track.

The life expectancy gap means that Indigenous Australians are not only dying younger than non-Indigenous Australians but also carry a higher burden of disease from an earlier age across their life span, impacting on education and employment opportunities as well as their social and emotional wellbeing.⁷

The PSA is currently working in partnership with the National Aboriginal Community Controlled Health Organisation (NACCHO) and James Cook University to deliver the Integrating Pharmacists within Aboriginal Community Controlled Health Services to improve chronic disease (IPAC) project.⁸ This research project placed 22 pharmacists into Aboriginal Community Controlled Health Services in a variety of geographically diverse locations across Victoria, the Northern Territory and Queensland, undertaking a range of patient-directed and health service-directed professional roles. The intervention phase of this project is due to finish in October 2019, with interim results expected in early 2020.

Although the formal results of the IPAC Project are not publicly available, anecdotal feedback received from patients and GPs during the intervention phase indicates many instances of the life-changing impact brought about by integration of a pharmacist into the ACCHO. A GP recently provided the following feedback on the effect the pharmacist at their site has had on an individual patient:



CASE EXAMPLE

PHARMACIST WORKING IN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION SERVICE

A young woman in her 20s with an intellectual impairment and multiple endocrine disorders (thyroid, parathyroid, calcium metabolism) requiring complex medicines dosing with potential side effects.

Pharmacist X visited the family several times and made contact with the disability support agency and the pharmacy who supplied her [Dose Administration Aid] packed medicines. She ensured that the medication dosing regimen allowed for potential medication interactions (e.g. calcium, thyroxine, etc.); and worked out that the best way to support the patient in taking her medicines was to have them administered by the disability support agency who saw the patient three times a week. She undertook significant communication with the patient and her family, the disability support agency and the dispensing pharmacy, to help make this happen.

I have just had this patient's blood results in (after all of Pharmacist X's hard work), and can report that after having had calcium serum levels which were putting her at risk of cardiac arrhythmias for months, a PTH 10 times above the upper limit of normal, and TSH consistent with symptomatic hypothyroidism, this patient has today returned with a normal suite of blood results for the first time in 12 months. This is just one case where having Pharmacist X's input from "on the ground/in the home", and her significant contribution to solving this problem, has resulted in a great outcome for this patient"

The ACT branch of PSA has been in consultation with Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga) about the program. We understand that Winnunga sees over 5,000 clients per year and delivers over 60,000 occasions of service per annum. Winnunga's primary purpose is to provide culturally safe and holistic healthcare and community services to Aboriginal peoples of the ACT and surrounding areas. In addition Winnunga provides outreach services to Aboriginal and Torres Strait Islander people at Bimberi Youth Justice Centre and the Alexander Maconochie Centre (AMC). Winnunga delivers a standalone health and wellbeing clinic at the AMC to Indigenous detainees which currently numbers approximately 128.

Winnunga currently employs a pharmacist two days per week. By ensuring Winnunga can engage the equivalent of a full-time pharmacist, PSA firmly believes we will see improved health outcomes for members of the local Aboriginal and Torres Strait Islander Community. This role also has the potential to provide support to GPs, nurses and other allied health practitioners through a

pharmacist's specialised medicine safety skill set. A full-time equivalent pharmacist aligns with the ratio defined with the Workforce Incentive Program's indication of 0.2FTE pharmacist per 1000 Standardised Whole Patient Equivalents (SWPE).

Julie Tongs, CEO of Winnunga Nimmityjah Aboriginal Health and Community Services has expressed her support for this proposal as she recognises that having a pharmacist on their team provides an invaluable resource to help meet the complex health needs of people with multiple chronic diseases and, importantly, aids medication compliance, for example taking medicines at the right time, in the right way, and in the right place.



Proposed timeline: 2 years.

- 3 months to recruit and place
- 18-21 months in place
- 3 months for evaluation.



Budget

\$300,000

PSA seeks the commitment of the ACT Government to expand the care afforded to our Indigenous community in the ACT by providing funding of \$300,000 to enable placement of the equivalent of a full-time pharmacist within the Winnunga Nimmityjah Aboriginal Health and Community Services to undertake medicine reviews, provide better education about medicine use, and support the GPs and other allied health practitioners already working in this area for at least two years.

BENEFITS

- Improve access to medicines.
- Improve access and engagement with medicine management services, such as medication reviews in a culturally safe environment.
- Increase knowledge of health conditions and medicines, which supports informed self-determination.
- Positively impact medicine adherence and medicine safety.
- An improvement in the understanding of and then the appropriate use of medicines.



Recommendation Three

Request for ACT to become a signatory to the Public Hospital Pharmaceutical Reform with the Commonwealth

In Australia, only the ACT and NSW are not currently signatories to agreements with the Commonwealth to enable access to PBS medicines under Public Hospital Pharmaceutical Reforms (PHPR). The objective of the reforms is to improve equity of access to medicines. In essence, PHPR enables patients to be dispensed a PBS quantity (generally one month) of medicines upon discharge from the secondary setting.

The states and territories that are signatories to this agreement are required to comply with the Australian Pharmaceutical Advisory Council (APAC) guidelines to ensure continuity of medication management. The ten key principles supporting these guidelines are:

- Responsibility of medication management
- Accountability for medication management
- Accurate medication history
- Assessment of medication management
- Medication action plan
- Supply of medication information to consumers
- Ongoing access to medicines
- Leadership for medication management
- Consumer medicines information
- Evaluation of medication management

These guidelines are consistent with the Quality Use of Medicines (QUM) policy and the principles of the National Medicines Policy and include important pharmacist led services, such as medication reconciliation upon admission to hospital.

A study into the effectiveness of implementation

of APAC guidelines has been conducted with the predominant result being 'fewer' problems and less re-admissions due to greater understanding and compliance.⁹

Currently ACT patients receive between 3 to 7 days of medicines at discharge. Anecdotal information from within the Territory suggests that patients discharged to residential aged care facilities often return without discharge medicines. This can lead to poor transition of care and for those conditions that require ongoing compliance with medication, such as heart failure, can result in hospital re-admission or re-presentation to the emergency department.

In the ACT the situation is further exacerbated by the lowest bulk billing rates in Australia, currently at 69.2%¹⁰, significantly below the national average of 79.2%. Furthermore, the ACT has the highest number of people delaying a visit to the doctor due to cost (8.1%), almost double the national average. Patients in the ACT also delay filling a prescription due to cost¹¹.

The PSA as the owner of the Professional Practice Standards for pharmacists, supports the introduction of PHPR into the ACT. We firmly believe that patients receiving a PBS quantity upon discharge (approximately one month) will support effective transition of care.



Time line

As soon as possible.



Budget

Nil direct investment

PSA seeks access to a program that improves patient outcomes and calls on the ACT Government to begin discussions with the Commonwealth with respect to Public Hospital Pharmaceutical Reform. In addition to enhanced patient health outcomes, these reforms have the potential to generate revenue for the ACT Government which could be used to cover other activities within our hospitals including Quality Use of Medicine initiatives.

BENEFITS

- Enhanced patient care upon discharge, potentially reducing re-admissions and emergency department presentations.
- Once the ACT signs the Public Hospital Pharmaceutical Reform with the Commonwealth an additional revenue source for the hospital becomes available.
- In other jurisdictions, this revenue has been utilised to pilot new opportunities for enhancing Quality Use of Medicines (QUM) measures within the hospital setting thereby further enhancing patient care.



Recommendation Four

Remove barriers limiting the ACT community from accessing vaccination services by aligning regulation of funding and regulation of all authorised immunisers, including pharmacists

The benefits of increasing herd immunity from vaccination are clear to consumers, and to the ACT health budget. The average emergency department presentation in the ACT costs the hospital \$705, and if admitted \$1052.⁶ Admissions due to influenza likely cost significantly more due to the severity and duration of stay. Any reduction in this number would relieve pressure on the hospital system during winter, thereby reducing health-system costs.

Pharmacists have been vaccinating Canberrans against influenza and pertussis since 2015. Since this time, pharmacist-administered vaccination has been shown to be safe, convenient and accessible to consumers.^{12,13} Over 100 ACT pharmacists have added vaccination to their current scope of practice, helping reduce the burden of preventable infectious diseases within the Canberra community.

In 2015, the ACT was at the leading edge, being one of the first jurisdictions providing consumers with convenient access to pharmacist-administered vaccination for pertussis. However, the ACT has not kept pace with the rate of regulatory evolution seen around the rest of the country as the benefits and safety of pharmacist-administered vaccination has become apparent.

The table demonstrates how regulatory and funding arrangements for vaccine-preventable conditions in the ACT now lags behind other states, notably in terms of minimum age, range of vaccines and access to NIP vaccines.

National Immunisation Program (NIP) vaccine access

While the training that pharmacists complete to administer vaccines is similar to that of other health professionals such as nurse practitioners, pharmacists are unable to provide eligible Canberrans with a similar level of access to vaccines funded on the NIP to eligible Canberrans.

Victorian pharmacists have been able to provide NIP vaccine access since June 2016, as well as access to state government vaccine programs, for example, pertussis vaccines for carers such as grandparents. While trials for NIP-funded vaccine access are underway in the ACT,^{14,15} consumer access to NIP influenza vaccines are restricted to people aged over 65 years in a limited number of pharmacies.

PSA calls for the rapid evaluation of this pilot with a view to informing universal application of the NIP in the ACT to any authorised immuniser acting within their scope of practice. This will improve access, equity for consumers and encourage public uptake of these vaccines through reducing financial barriers to vaccination. The high participation rate in the ACT NIP Trial, with almost 50% of pharmacies already set-up to deliver these vaccines, means this recommendation could be quickly implemented.

PHARMACIST VACCINATION: AUSTRALIA'S STATE OF PLAY

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
VACCINE								
Influenza	√ ≥16 yrs	√ ≥16 yrs	√ ≥16 yrs	√ ≥16 yrs	√ ≥16 yrs	√ ≥10 yrs	√ ≥10 yrs ¹⁰	√ ≥10 yrs
dTpa (diphtheria, tetanus & pertussis)	√ ¹ ≥16 yrs	√ ≥16 yrs	√ ≥16 yrs	√ ≥16 yrs	√ ≥16 yrs	√ ⁷ ≥16 yrs	√ ¹ ≥16 yrs	√ ≥16 yrs
dTpa -IPV (diphtheria, tetanus & pertussis with inactivated polio)	—	—	—	√ ² ≥16 yrs	√ ≥16 yrs	—	—	—
MMR (measles, mumps & rubella)	—	√ ≥16 yrs	√ ≥16 yrs	√ ≥16 yrs	√ ≥16 yrs	√ ≥16 yrs	√ ≥16 yrs	√ ≥16 yrs
Meningococcal (ACWY)	—	—	—	—	—	— ³	—	√ ≥16 yrs
Other (e.g. hepatitis, human papilloma virus, typhoid)	—	—	—	—	—	—	—	—
Persons excluded from pharmacist administered vaccination	Pregnancy	—	—	—	—	—	Travel Inpatients Pregnancy (MMR)	—
VACCINE FUNDING								
NIP	Influenza pilot only ⁴	—	—	—	—	—	√	Influenza pilot only ⁵
Other funding	—	—	—	—	—	State program ⁶	State program ⁶	—

1. dTpa: not permitted for purpose of diphtheria, tetanus or polio immunity.
2. dTpa-IPV: Only if dTpa unavailable. Not for purpose of polio immunity.
3. State meningococcal pharmacy vaccination program ended February 2019.
4. ACT NIP access only for persons > 65 years.
5. WA NIP pharmacist influenza vaccination trial 2018/2019.

6. State-issued vaccination program for pertussis (Victoria) and MMR (Victoria and Tasmania).
7. Not for the purpose of tetanus wound prophylaxis
8. Including depot pharmacies
9. In accordance with the Queensland Pharmacist Vaccination Standard.
10. Regulatory change announced for 2020 influenza season. Not yet in force.

Current at 25 October 2019.

PSA calls on the ACT Government to extend vaccination access through:

- Extending access to NIP vaccines to trained pharmacist immunisers, consistent with the criteria in the Australian Immunisation Handbook
- Allow all authorised immunisers to provide the same range of vaccines, including consistency on any additional credentialing requirements
- Extend the age range to allow patients access comparable with other jurisdictions, such as: lowering the minimum age of pharmacist-administered influenza vaccination to 10 years.

BENEFITS

- Reduced consumer cost to access vaccination against preventable infectious diseases.
- More equitable consumer access to vaccination services.
- Increased vaccination rates in the ACT community, increasing herd immunity against influenza, pertussis and other vaccine-preventable diseases.
- Reduced cost to hospitals and health system managing cases of vaccine-preventable diseases, such as influenza, particularly during winter.



Timeline

As soon as possible.



Budget

Nil direct investment required

Call to action

The Pharmaceutical Society of Australia believes that the ACT Government is well-positioned to more fully utilise an existing unique skill set in the Territory, our 625 registered pharmacists.

By considering and adopting the following four recommendations; together pharmacists

and the ACT Government have the potential to improve health outcomes for Canberrans and reduce the burden placed upon our other health professionals who contribute towards making the ACT one of the better regions to live in, in Australia.

- **Expand access to after-hours healthcare via better utilisation of existing primary care infrastructure, such as the well-established network of community pharmacies, to reduce the burden on the Territory's two hospital emergency departments.**
- **Provide funding to enable Winnunga Nimmityjah Aboriginal Health and Community Services to offer the services of a full-time pharmacist to meet growing demand for appropriate primary healthcare.**
- **Align the ACT hospital sector with all other states and territories to provide Pharmaceutical Benefits via Public Hospital Pharmaceutical Reform.**
- **Remove barriers limiting the ACT community from accessing vaccination services by aligning regulation of funding and regulation of all authorised immunisers, including pharmacists.**



A handwritten signature in black ink that reads "Renae Beardmore".

Renae Beardmore

PSA ACT Branch President

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